PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10717377

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS	,	121	7			-	RATE	FEE	7	RATE	FEE	
FC	DR		NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE		OR	BASIC FEE		
TC	OTAL CHARGEA	ABLE CLAIMS	31 mir	nus 20=	* (1			X\$ 9=		OR	X\$18=		
INE	DEPENDENT CL	LAIMS ·	m	inus 3 =	* 2			X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	ESENT				+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	Į	TOTAL		OR	TOTAL		
	С	LAIMS AS A	MENDEC) - PAR	T II				<u> </u>] -	OTHER		
		(Column 1)		(Colum		(Column 3)	۰,	SMALL		OR	SMALL E		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	- 01 4184	=	[X43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JLI IPLE DEF	PNDEIN	CLAnvi		1	+145=		OR	+290=		
							L	TOTAL		ייין	TOTAL		
		(Column 1)		(Colur	~~ 2\	(Column 3)	Α	ADDIT. FEE		JO. 1	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	1 [ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	* .	Minus	**		=] [X\$ 9=		OR	X\$18=		
	Independent	*	Minus	Minus *** TIPLE DEPENDENT		=	ig ig[X43=		OR	X86=		
	FINOTFILLOLI	MAION OF BIO	THE DE	ENDLIN	CLAIM		' [+145=		OR	+290=		
							L A	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	- * *	DD11.1 EE =			100m		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME			Minus	***]=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PNDENT	CLAIM		-	_		Ī			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [+290=			
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													